## BY WHAT BOARD SHALL NURSES BE CERTIFIED?

How Registered Nurses (R. N.'s) Came to Be in California.— In June, 1913, the California Legislature passed a law which provided that a nurse desiring to be known as a "registered nurse" (R. N.) could be so certified through a newly created department of the California State Board of Health which would be known as the Bureau of Nursing. That arrangement for an examining bureau, with a director in charge, was submitted by the group of nurses and others who had sponsored the new law. The responsibility created by the Legislature of 1913 was accepted by the Health Board members, who have striven to carry on the certification work along those lines which would best promote the rights of all concerned.

The various major interests having to do with training and certification of nurses may be said to include: first, the nurses; second, the doctors under whom the nurses work; third, the hospitals and hospital executives (who play so prominent a part in both the training schools and in hospitalization work); and fourth, that portion of the lay public who, when sickness or injury visits them, finds it necessary or desirable to have nursing aid.

Recent Proposals for a New Law and the Parties at Interest.—Recently, some of the leaders of the nursing profession have felt the urge to have a separate board of nurse examiners which, if it came into existence through an act of the next Legislature, would probably find a place among the various boards that collectively make up that division of the state government known as "The Department of Professional and Vocational Standards."

As a result of the discussions which have been taking place, the California State Board of Health at its January meeting in Los Angeles, and again at its February meeting in San Francisco, placed on its dockets of business, informal hearings at which appeared representatives of some of the parties most concerned.

The California nurses who have been certified as R. N.'s may be divided into the following three groups: registered nurses (represented by their organized state and district organizations); public health nurses; and training school nurses. The hospital executives likewise are deeply interested, because their institutions supply what might be called the college buildings and equipment and personnel by means of which the training schools for nurses exist. In addition, members of the medical profession, who have played such a leading part in both the theoretical and practical teaching of nurses, in training schools and also hospitals (and to whom graduate and practical nurses must turn for opportunities to do the nursing work incident to the care of the sick and injured) may also be said to be parties having a real interest in the establishment of any new registration system for nurses in California.

As a result of the exchange of viewpoints at the two hearings referred to, it was suggested that in the near future the hospitals, through their executives, and the various nursing groups, through their representatives, should meet to further discuss the different plans in the forming, in the hope that some method might be worked out that would be mutually agreeable and which, at the same time, would best subserve the joint interests of nurses, hospitals, physicians, and patients.

## SPECIAL RAILROAD RATE TO RIVERSIDE CONVENTION

Attention is called to a communication, printed in this issue, regarding special round-trip rates on the various railroad lines of California interested in this year's California Medical Association annual session, to be held at Riverside from April 30 to May 4. (See page 214.)

These intrastate tickets will be on sale, on what is known as the "Identification Plan," from April 26 to May 3, inclusive, and they will have a return limit good up to May 7, 1934.

In order, however, to secure these special rates, it is necessary for each member to present to the ticket agent an official "identification certificate." These will be supplied to the component county societies through the Association Secretary. Members of county societies who contemplate availing themselves of the special rate, therefore, will confer a favor by reporting that fact to either their society secretary or to the Association Secretary direct, so that the central office of the California Medical Association may send to each county society an adequate number of the official identification blanks.

# WONDERFUL, IF TRUE—NEW STATE RULES CONCERNING HEALTH INSURANCE

Health and Insurance Associations in California Must Conform to Long-Needed Provisions.— After the copy for the March California and Western Medicine had been prepared for the press, the editor saw in the Los Angeles Times of February 22 a San Francisco dispatch which was given a first-page, first-column position.

It dealt with a notice, sent out on February 21 California State Insurance Commissioner Mitchell, in which he informed every California health and accident insurance company or association that hereafter health and accident insurance policies could not be sold unless such companies or associations possessed financial resources adequate to meet the obligations of standard health and accident insurance policies. The dispatch stated that the Alameda County authorities and grand jury, acting in conjunction with the California Board of Medical Examiners, had uncovered such deplorable conditions that an appeal had been made to Governor James Rolph to support the effort "to drive all fraudulent health and accident insurance companies out of California." The order by State Insurance Commissioner Mitchell followed.\*

<sup>\*</sup>The officers of the California Medical Association have long been interested in this problem, and in the past have called the attention of different departments of the state government to the harm done to many citizens through the misrepresentations of some of the non-standard so-called health associations. Subsequent to the first of several feature articles in the San Francisco Chronicle, was printed an interview with Dr. T. Henshaw Kelly, chairman of the California Medical Association Council, in which the attitude of the California Medical Association was outlined. This article came to the editor's desk after the page forms of the March issue were well in hand. Space was made for it in the Miscellany department. (See page 215.)

Members of the California Medical Association in all portions of the State can render aid in this work by sending the names, literature and other information concerning such health insurance and accident companies to Dr. C. B. Pinkham, Secretary, California State Board of Medical Examiners, Room 512, 450 McAllister Street, San Francisco.

The interesting news item follows:

EDICT GIVEN ON RACKET

Fake Insurance Drive Begun

All Health and Accident Groups Must Conform to New State Regulations

Three Qualifications Made—Bona Fide Organizations Held Above Reproach

San Francisco, Feb. 21. (Exclusive.)—Notice went forward today from the office of State Insurance Commissioner Mitchell to all organizations in the State dealing in health and accident insurance to conform to regulations or quit business.

Approximately 150 companies will receive the notices, including those operating legitimately and within the law. The purpose is to drive out of business those organizations exposed within the last week as mulcting gullible certificate purchasers, and marks the latest step in a state-wide effort to stop racketeering in this heretofore profitable source of income for promoters who have no honest services to render.

Commissioner Mitchell's notice was addressed to "all hospital or medical service associations operating in California," and is backed by a ruling of the Attorney-General.

#### Three Qualifications

To continue in business, three qualifications will have to be met, namely:

Organize as regular stock companies with a paid-up capital of at least \$100,000.

Organize as mutual life and accident associations on the assessment plan in accordance with sections of the Civil Code which call for one thousand members or more at \$25 each to receive a certificate from the insurance commissioner.

Organize a bona fide fraternal benefit association under acts calling for a ritual and other fraternal society appurtenances.

Existing bona fide organizations, it is explained, are above reproach in this sweeping order, but they are included for moral salutary purposes for the ultimate good of all. Organizations now within the law and rendering legitimate and honest services either will have to make a purely routine showing or make some minor changes to conform to regulations as announced. The "fly-by-nights" will be unable to meet financial requirements.

#### Time Allowed

A "reasonable" length of time will be allowed for qualifications under the new pronouncement, and court action is promised against violators.

As an example of the assertedly fraudulent companies, the State Medical Board supplied District Attorney Warren of Alameda County with information that a group headed by Harry Kramer had two thousand "policyholders" on its lists and \$140 in the bank. The showing was sufficient for the Alameda County grand jury to vote indictments against Kramer and eighteen others.

Commissioner Mitchell's order followed an appeal to Governor Rolph by Joseph Laney, foreman of the Alameda County grand jury, to drive all fraudulent health and accident insurance companies out of California.

### **EDITORIAL COMMENT\***

## LINGUISTIC PITFALLS IN CLINICAL LOGIC

While the medical profession has taken steps to guard the general public against "misbranded" nostrums and "misleading" therapeutic slogans, little attention has been given to the insidious metaphors of biological science, which often condition clinical logic. One of the dialectic hazards of current interest is the therapeutic slogan, "bacteriophage," unfortunately substituted for the original Twort terminology, "transmissible bacterial lysin." This slogan raised the Twort colloid to commercial value. Identically the same laboratory product offered under the less spectacular title, "phage-lysed bacterial vaccine," has had little commercial appeal.

The linguistic efficiency of this "bacteria-eating" metaphor has also impressed nonclinical workers. Its use as a logical instrument to conserve or increase soil fertility has been seriously advocated, as well as its predicted value as a food preservative. Its dialectic effectiveness in the purification of municipal water supplies has been tested in India, where the subsequent subsidence of a local cholera epidemic amply verified its presumed value.

While industrial chemists have not doubted the efficiency of hygienic slogans in clinical medicine, they have been reluctant to adopt this microbivorous colloid as a technical instrument without convincing experimental evidence of its presumptive function. Studies of this colloidal antiseptic, therefore, have been made by several industrial engineers, particularly by Prof. Paul J. Beard <sup>1</sup> of the department of sanitary engineering, Stanford University.

Doctor Beard attempted to verify its advertised efficiency in municipal water purification and its alleged rôle in certain methods of sewage disposal. To do this, he constructed miniature sedimentation tanks and sludge-conditioning chambers, and made parallel studies of specific bacterial populations in the presence and absence of homologous Twort colloid.

In the presence of clay, for example, or of plant or animal refuse, the Stanford engineer found that the Twort colloid is absorbed onto the formed particles, and never comes into effective contact with the accompanying bacteria. By proper elution methods, the "phage" can be recovered almost quantitatively from these particles. The exposed bacteria are in no way injured. They are neither increased nor decreased in their rate of multiplication. Nor are they transformed into the usual phage-resistant strains which often follow nonlytic clinical exposure.

<sup>\*</sup> This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California and Nevada Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

1 Beard, P. J.: J. Infect. Dis., 52:420, 1933.